



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**STATE OF DELAWARE**  
**BOARD OF HOME INSPECTORS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR LICENSED HOME INSPECTOR BY EXPERIENCE**  
**INSTRUCTION SHEET**

**When to Apply by Experience**

File the *Application for Licensed Home Inspector by Experience* when you meet the following conditions:

- You reside in a jurisdiction (state, U.S. territory or District of Columbia) that does not license home inspectors (such as Pennsylvania), **and**
- You meet one or both of these experience requirements:
  - You have at least five years' experience performing home inspections (Section 4.5.1 of the Board's [Rules and Regulations](#)), **or**
  - You have completed at least 75 home inspections and you are a member of the American Society of Home Inspectors (ASHI) or of the National Association of Home Inspectors (NAHI) (Section 4.5.2 of the Board's [Rules and Regulations](#)).

If you hold a *current* license in a jurisdiction that licenses home inspectors, see [Endorsement](#). If you cannot qualify based on experience or endorsement, you must register as a Delaware [Home Inspector Trainee](#).

**Requirements for All Applicants**

Follow these instructions carefully to submit the application and required documentation.

- ☐ Submit completed, signed and notarized [Application for Licensed Home Inspector by Experience](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive a certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.
  - You or your employer must carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance.
- ☐ Submit a copy of your high school diploma or transcript. **Or**, if you have GED, submit confirmation of your GED.
- ☐ Submit copies of your training certificates.
  - You must have completed at least 140 hours of classroom or online training approved by ASHI, NAHI, or the International Association of Home Inspectors (INTERNACHI).
- ☐ Arrange for the Board office to receive verification that you have passed the [National Home Inspector Examination®](#), sent *directly* from the exam service to the Board office.
- ☐ If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a letter of good standing sent *directly* from each jurisdiction where you have ever been a home inspector trainee or held home inspector licensure.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ If you wish to qualify based on five years' experience (Section 4.5.1 of the Board's [Rules and Regulations](#)), submit verification that you have been performing home inspections *at least five years* as follows:
- ☐ For periods when you were employed, arrange for the Board office to receive *Verification of Employment* form(s), included with this application, completed and signed by your employer(s). The forms must be notarized and sent directly from the employer to the Board office.
    - If you cannot obtain a *Verification of Employment* form from an employer, you may substitute tax W-2 forms. However, you must include a written explanation why you cannot obtain a *Verification of Employment* form from the employer.
  - ☐ For periods when you were self-employed, provide copies of your tax documents, business license and a log of at least 75 home inspections performed while self-employed.
    - You may use the *Experience Log* form included with the application *or* you may submit a printout of your own spreadsheet provided it includes at least the same information as the *Experience Log*.
    - The Board may request more documentation, such as copies of sample home inspection reports, for review to verify your experience.
- ☐ If you wish to qualify based on the number of inspections you have performed (Section 4.5.2 of the Board's [Rules and Regulations](#)), enclose verification of your experience, as follows:
- ☐ Submit proof of your ASHI membership as an inspector or certified inspector or NAHI membership as a regular member or certified real estate inspector. Associate memberships do not qualify.
  - ☐ Submit a log of *at least 75* home inspections.
    - You may use the *Experience Log* form included with the application *or* you may submit a printout of your own spreadsheet provided it includes at least the same information as the *Experience Log*.
    - The Board may request more documentation, such as copies of sample home inspection reports, for review to verify your experience.

When the Board office has received your application and all required supporting documentation, the Board will review it at its next [meeting](#).



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**APPLICATION FOR LICENSED HOME INSPECTOR BY EXPERIENCE**

**IDENTIFYING AND CONTACT INFORMATION**

1. Name: \_\_\_\_\_  
Last First Middle initial
2. Other Names Used: None ☐ \_\_\_\_\_  
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. **Mailing** Address: \_\_\_\_\_  
City State Zip code
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ None ☐

**HOME INSPECTION EXPERIENCE**

7. Check **one** experience requirement:  
☐ I wish to qualify based on performing at least 75 home inspections and my membership in ASHI or NAHI. Continue with the next question.  
☐ I wish to qualify based on performing home inspections for at least five years. **Submit proof of five years of home inspection experience as explained on the Instruction Sheet.** Skip to the **EDUCATION** section.
8. Are you a member of ASHI as an inspector or certified inspector **or** a member of NAHI as a regular member or certified real estate inspector? Yes ☐ No ☐  
**Submit a log of at least 75 home inspections and proof of your ASHI or NAHI membership.**

**EDUCATION**

9. Have you completed high school or its equivalent (GED)? Yes ☐ No ☐ If yes, complete the following:  
Check one: ☐ GED ☐ High School Graduate – If you check this item, provide the following information:  
School Name: \_\_\_\_\_ Date Graduated (month/year): \_\_\_\_\_  
School Location: \_\_\_\_\_  
**Submit a copy of your high school diploma or transcript. Or, if you have a GED, submit confirmation of your GED.**

**If you need more room, you may copy this page.**

10. List each ASHI, NAHI, or INTERNACHI approved training course you have completed.

[illegible]

**Submit copies of your completion certificates to the Board office.**

## EXAMINATION INFORMATION

11. Have you passed the National Home Inspector Examination®? Yes ☐ No ☐

**Arrange for the Board office to receive verification that you have passed the [National Home Inspector Examination®](#), sent directly from the exam service to the Board office. If you have not passed the exam yet, STOP. Do not submit an application until you have completed this requirement.**

## INSURANCE INFORMATION

12. Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes ☐ No ☐ **If no, skip to the LICENSURE HISTORY section. If yes, check one:**

☐ I carry the required amounts of insurance.

☐ My employer carries the required amounts of insurance. *If you check this item, complete the following:*

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

13. Name of Insurance Carrier: \_\_\_\_\_

**Arrange for the Board office to receive a certificate of insurance, sent directly from the insurance carrier to the Board office.**

## LICENSURE HISTORY

14. Have you ever been a home inspector trainee or held a license or certificate as a home inspector in any jurisdiction? Yes ☐ No ☐ **If yes, list each jurisdiction:**

JURISDICTION	LICENSE NUMBER	LICENSE STATUS

**Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license or certification.**

## DISCLOSURES

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
16. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
17. Have you ever received any administrative penalties (disciplines) regarding your practice as a home inspector, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a copy of the agency's order and a written explanation.**
18. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a written explanation.**

19. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a home inspector in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a written explanation.**

**To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

### **AFFIDAVIT**

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators. I further affirm and state that any *Experience Log* or other record of my home inspection experience submitted in support of this application is true and correct and that the activities for which I claim experience are truthfully represented in the log. Upon request of the Board, I will make available for examination copies of home inspection reports or files prepared by me for which I claim experience in the *Experience Log* or any of the home inspection reports or files prepared by me in the course of my practice notwithstanding the fact that such reports or fields were not listed on the *Experience Log* submitted in support of this application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.***



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**VERIFICATION OF EMPLOYMENT**

**INSTRUCTIONS**

An applicant may qualify for Delaware licensure as a Home Inspector based on experience if he or she performed home inspections for a period of **five years**. To verify home inspection experience for periods that you were employed, arrange for the Board office to receive a *Verification of Employment* form from each employer. The employer must complete and sign the form in the presence of a notary and submit the form *directly* to the Board office.

**APPLICANT INFORMATION – To be completed by applicant**

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER AFFIDAVIT – To be completed by employer**

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Did the applicant provide services as a Home Inspector while in your employment? Yes ☐ No ☐ If yes, enter the  
**dates of the applicant's employment:** From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

**AFFIDAVIT**

**I, the employer named above, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.**

**Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**City of:** \_\_\_\_\_ **County of:** \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

SEAL Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Return this form *directly* to the Delaware Board of Home Inspectors at address above.**



**DELAWARE BOARD OF HOME INSPECTORS**  
**APPLICATION FOR LICENSED HOME INSPECTOR BY EXPERIENCE**  
**EXPERIENCE LOG**

**Instructions:** This form documents 75 inspections. The application's Instruction Sheet explains when to submit an *Experience Log* with your application. Alternatively, you may submit a printout of your own spreadsheet provided it includes at least the same information as the *Experience Log*.

1. Enter your name at the top of each page of the *Log*.
2. You may copy the *Log*. Number the *Log* pages in the space provided in the upper right corner.
3. List the client name and property address. ***Include the city, state and zip code.***
4. Enter date of inspection in month/day/year format.
5. Sign and date the bottom of each page of the *Log*.



**DELAWARE BOARD OF HOME INSPECTORS  
APPLICATION FOR LICENSED HOME INSPECTOR BY EXPERIENCE  
EXPERIENCE LOG**

**Applicant Name:** \_\_\_\_\_

Inspection Number	Client Name/Property Address City, State and Zip	Inspection Date

I affirm and state that this *Experience Log* is true and correct and that the activities listed are truthfully represented in this log. Upon request of the Board, I will make available for examination copies of home inspection reports or files prepared by me for which I claim experience in this *Experience Log*.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_